



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
**Plan Summary Submittal
Selection Form**

Planning Year _____

Facility Name _____

DEP Facility ID Number _____

I certify under penalty of law that to the best of my knowledge and belief the following is true:

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Select either 1, 2 (a-e) , 3 (a-c) or 4 as allowed per 310 CMR 50.40, 50.80 and 50.90.

- 1 ☐ This facility is submitting an Environmental Management Systems Progress Report.
- 2 ☐ This facility is submitting a Resource Conservation Plan Summary Form(s) for the following asset(s):

SELECT 1 or MORE

- 2a ☐ Energy
- 2b ☐ Water
- 2c ☐ Materials that contribute to solid waste
- 2d ☐ Toxic substances on the TURA list used below threshold amounts
- 2e ☐ Chemical substances exempt from TURA reporting

- 3 ☐ This facility is submitting Toxics Use Reduction Plan Summary Form(s). (If all chemicals used and reported at the facility have either been eliminated or reduced below reporting thresholds,

please select this option as well as 3b, and indicate the chemicals below).

SELECT 3a or 3b

- 3a ☐ This facility has no exceptions to Toxics Use Reduction planning requirements.
- 3b ☐ This facility has eliminated or reduced below threshold the following chemicals – indicate CAS# Chemical Name, Method, and Steps taken. (below)

Toxics Use Reduction Plan Summary Exceptions:

1 CAS#	2 Chemical Name	3 Method*	4 By taking the following steps:
		E R	
3b.a.1	3b.a.2	<input type="checkbox"/> <input type="checkbox"/>	3b.a.4
		E R	
3b.b.1	3b.b.2	<input type="checkbox"/> <input type="checkbox"/>	3b.b.4
		E R	
3b.c.1	3b.c.2	<input type="checkbox"/> <input type="checkbox"/>	3b.c.4
		E R	
3b.d.1	3b.d.2	<input type="checkbox"/> <input type="checkbox"/>	3b.d.4
		E R	
3b.e.1	3b.e.2	<input type="checkbox"/> <input type="checkbox"/>	3b.e.4
		E R	
3b.f.1	3b.f.2	<input type="checkbox"/> <input type="checkbox"/>	3b.f.4

3b.h Do you have additional chemicals to list? Yes ☐ No ☐

If filing on paper, please attach an additional sheet to continue.

- 4 ☐ This facility is scheduled to close:

I am aware that there are penalties for submitting false information, including possible fines.

a Signature of Senior Management Official _____

b Date (mm/dd/yyyy) _____

c Print Name of Senior Management Official _____

d E-Mail Address _____



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
Toxics Use Reduction Act

Plan Summary Form

A separate form for each covered toxic is required

Planning Year _____

Facility Name _____

MassDEP Facility ID Number _____

A. Facility-Wide Data

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A.1 Chemical Name _____

A.2 CAS # _____

Two Year Projected Changes (Total lbs.):

Use _____

A.3 Use _____

Byproduct _____

A.4 Byproduct _____

5. Is this chemical used only in wastewater treatment? ☐ Yes – skip to Section C.
☐ No – go to Section B.

B. Options Considered & Selected to Implement

B.1 Options Considered _____

B.2 Options Selected to Implement _____

Section C is optional.

C. Additional Information

You may use the following section to provide more information about your TUR Plans and/or progress.





Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
Plan Certification Statement

Planning Year

Facility Name

DEP Facility ID Number

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Based on my independent professional judgment as a Toxics Use Reduction Planner, I certify under penalty of law that the following is true:

- (a) I have examined and am familiar with this Toxics Use Reduction Plan;
- (b) the Plan Update satisfies the requirements of 310 CMR 50.40; and
- (c) the Plan demonstrates a good faith and reasonable effort to identify and evaluate toxics use reduction options.

1 Signature of Toxics Use Reduction Planner

2 Date (mm/dd/yyyy)

3 Print Name of Toxics Use Reduction Planner

4 E-Mail Address

5 TUR Planner I.D. Number

B. I certify under penalty of law that the following is true:

- (a) I have personally examined and am familiar with this Toxics Use Reduction Plan;
- (b) I am satisfied that any supporting documentation used in the development of the Plan exists and is consistent with the Plan;
- (c) based on my inquiry of those individuals immediately responsible for the development of this Plan, I believe that the information in the Plan and any supporting documentation used in the development of the Plan is true, accurate, and complete;
- (d) the Plan, to the best of my knowledge and belief, meets the requirements of 310 CMR 50.40; and
- (e) I am aware that there are penalties for submitting false information, including possible fines and imprisonment.

1 Signature of Senior Management Official

2 Date (mm/dd/yyyy)

3 Print Name of Senior Management Official

4 E-Mail Address



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Toxics Use Reduction Act

Resource Conservation Plan Summary

Please refer to the Resource Conservation Guidance when filling out this form.

Planning Year

Facility Name

MassDEP Facility ID Number

A. Targeted Asset

Targeted Asset

B. Selected Operations

List the operations the resource conservation plan covers. If operation is not listed, choose "other".

1. Operation Code

2. Operation Code

3. Operation Code

4. Operation Code

5. Operation Code

6. Operation Code

7. Operation Code

8. Operation Code

☐ Other (describe):

C. Baseline Amount of Asset Used

This includes the total amount of the asset used during the baseline calendar year, reported as a total amount. In addition, as an option, you also may report amount per unit of product.

Year (e.g., 2007)

Year

Total Amount of Asset Used

Total Use – Unit of Measure

If unit of measure is different than listed above, please describe:

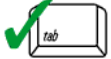
Per Unit of Product Use (Optional)

Unit of Product

Amount of Product

D. Options Selected to Implement

Important:
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Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Toxics Use Reduction Act

Resource Conservation Plan

Summary

Please refer to the Resource Conservation Guidance when filling out this form.

Planning Year

Facility Name

MassDEP Facility ID Number

G. Expected Change in the Amount of Asset Used

Indicate the expected change in the amount of the asset(s) to be used (due to the options implemented) between the year on which the plan is based and two years after the plan is due.

The unit of measure in this section _____ is as listed previously in Section C.

Note: You will report actual changes in the amount of the asset used on a resource conservation progress report that you must submit with the next toxics use reduction plan summary. However, if there are actual changes to report due to an option already implemented, you may include them below.

Expected Change: _____

Expected change in the amount of asset used by July 1st of the next even-numbered calendar year on an annual basis:

H. Prior Effects (Optional)

Results of Prior efforts *may have* resulted in reductions of the asset used. Please indicate the reductions accomplished as a result of projects implemented since July 1st of the previous even-numbered calendar year.

The unit of measure in this section _____ is as listed previously in Section C.

I. Additional Information

You may provide additional information about your resource conservation plan.



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Toxics Use Reduction Act

Resource Conservation Plan

Summary

Please refer to the Resource Conservation Guidance when filling out this form.

Planning Year _____

Facility Name _____

MassDEP Facility ID Number _____

Certification Statement

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Based on my independent professional judgment as a Toxics Use Reduction Planner, I certify under penalty of law that the following is true:

- (a) I have examined and am familiar with this Resource Conservation Plan; and
- (b) the Plan satisfies the requirements of 310 CMR 50.90; and
- (c) the Plan demonstrates a good faith and reasonable effort to identify and evaluate resource conservation options.

1. Signature of Toxics Use Reduction Planner _____

2. Date (mm/dd/yyyy) _____

3. Print Name of Toxics Use Reduction Planner _____

4. Print Title of Toxics Use Reduction Planner _____

5. Email Address _____

6. TUR Planner ID Number _____

B. I certify under penalty of law that the following is true:

- (a) I have personally examined and am familiar with this Resource Conservation Plan;
- (b) I am satisfied that any supporting documentation used in the development of the Plan exists and is consistent with the Plan;
- (c) based on my inquiry of those individuals immediately responsible for the development of this Plan, I believe that the information in the Plan and any supporting documentation used in the development of the Plan is true, accurate, and complete;
- (d) the Plan, to the best of my knowledge and belief, meets the requirements of 310 CMR 50.90; and
- (e) I am aware that there are penalties for submitting false information, including possible fines and imprisonment.

1. Signature of Senior Management Official _____

2. Date (mm/dd/yyyy) _____

3. Print Name of Senior Management Official _____

4. Print Title of Senior Management Official _____

5. Email Address _____



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Toxics Use Reduction Act
**Environmental Management System
Progress Report**

Planning Year _____

Facility Name _____

MassDEP Facility ID Number _____

The TURA Environmental Management System (EMS) must be certified by a toxics use reduction planner or an EMS professional every two years in accordance with 310 CMR 50.84.

A. Significant Aspects – Covered Topics

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Provide a list of the covered toxics addressed in the TURA EMS for this planning cycle:

2. Provide a brief description of the objectives and targets established by your facility for this planning cycle to address the covered toxics listed above:

3. Provide a brief description of progress made toward meeting objectives and targets established for covered toxics during the previous planning cycle, and, if applicable, why anticipated progress was not achieved:

B. Integrating TUR Planning

1. We have checked if alternatives to our current toxics use have become available and are technically and economically feasible to implement.

☐ Yes ☐ No

2. We have solicited our employees for ideas about reducing toxics use, the generation of byproduct from toxics use, or releases.

☐ Yes ☐ No



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Toxics Use Reduction Act
Environmental Management System
Progress Report

Planning Year _____

Facility Name _____

MassDEP Facility ID Number _____

B. Integrating TUR Planning (cont'd)

3. We have continued to promote a policy of toxics use reduction in our activities and are incorporating it into planning and design as well as day-to-day management.

☐ Yes ☐ No

4. We have continued to monitor our toxics use in order to ensure that all leaks, spills, releases and byproduct generation are minimized to the extent practicable.

☐ Yes ☐ No

5. We have identified all regulatory requirements triggered by our use of toxic chemicals.

☐ Yes ☐ No

6. Our EMS has been audited by a qualified independent auditor at least once during the past two year TURA planning cycle.

☐ Yes ☐ No

7. We have solicited information from vendors, consultants, government agencies, academic experts, or other resources to better understand our options for implementing TUR activities.

☐ Yes ☐ No

8. If you answered "no" to any of the above questions, please explain actions that your facility has or will take to achieve positive responses.

9. You may provide additional information about your EMS activities:



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Toxics Use Reduction Act
**Environmental Management System
Progress Report**

Planning Year _____

Facility Name _____

MassDEP Facility ID Number _____

C. Certification Statements

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Based on my independent professional judgment, I certify under penalty of law that the following is true:

- (a) I have examined and am familiar with this EMS;
- (b) The EMS satisfies the requirements of 310 CMR 50.80; and
- (c) The EMS demonstrates a good faith and reasonable effort to integrate toxics use reduction planning into the EMS.

1. Signature of Toxics Use Reduction Planner or EMS Professional _____

2. Date (mm/dd/yyyy) _____

3. Print Name of Toxics Use Reduction Planner or EMS Professional _____

4. Email Address _____

5. TUR Planner ID Number (if applicable) _____

(Check one)

☐ EMS Professional

☐ Toxics Use Reduction Planner

2. I certify under penalty of law that the following is true:

- (a) I have examined and am familiar with this EMS;
- (b) The EMS meets the requirements of 310 CMR 50.82 and the elements specified therein are being implemented;
- (c) The EMS is actively addressing environmental compliance issues;
- (d) The individual who has certified the EMS pursuant to 310 CMR 50.84(3) has provided me with documentation that he or she meets the requirements of 310 CMR 50.84(2).
- (e) These statements are based upon answers to queries made by me to individuals who have been designated to implement the EMS, and I have made my best effort to ensure that they are being held accountable for implementing the system in good faith. I understand that by choosing to implement an EMS in lieu of a toxics use reduction plan, I am responsible for maintaining documentation to evidence a good faith effort to implement all elements of the EMS.
- (f) I am aware that there are penalties for submitting false information, including possible fines and imprisonment.

1. Signature of Senior Management Official _____

2. Date (mm/dd/yyyy) _____

3. Print Name of Senior Management Official _____

4. Print Title of Senior Management Official _____

5. Email Address _____